STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965204	R **07/17/2018**
NAME OF PROVIDER OR SUPPLIER **RAFFA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13961 SW 75 STREET** **MIAMI, FL 33183**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A monitoring survey revisit was conducted on . . . . . Raffa Corp. (license #9688) had the following deficiency identified at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On . . . . at 10:55 a.m. arrived to the facility found Staff A alone in the facility caring for a census of six residents.

Staffing schedule review showed Staff A and Staff B were scheduled to work on from 7:00 am to 7:00 pm.

On . . . . at 11:00 AM Staff A stated that Staff B was in the schedule, they changed today's schedule. She stated Staff C was supposed to work on but she was in a doctor's appointment with her mother.

Uncorrected Class III